

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14		1				
15			1			
16			1			
17			1			
18			1			
19				2		
20				2		
21				1		
22				1		
23				1		
24				1		
25				1		
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			57			
TOTAL			60			

APPLICANT(S)		CLAIMS		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51									
52									
53									
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97									
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99									
100									
TOTAL IND.									
TOTAL DEP.									
TOTAL									

BEST AVAILABLE COPY